

**EFFECT OF COGNITIVE BEHAVIORAL
THERAPY (CBT) ANGER MANAGEMENT
MODULE ON ANGER EXPRESSIONS
AMONG ADOLESCENTS**

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**UNIVERSITI SAINS MALAYSIA
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AMONG ADOLESCENTS**

by

LEE SHU CHIN

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LIST OF ABBREVIATIONS

AARS	Adolescents Anger Rating Scales
AC	Anger Control
APA	American Psychological Association
BM	Bahasa Malaysia
C	Counselor
C1	Counselor 1
C & G	Counseling and Guidance
CBT	Cognitive Behavioral Therapy
D	Discipline Teacher
D1	Discipline Teacher 1
df	degree of freedom
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders-IV- Text Revision
EPRD	Education Planning and Research Department
F	Female
G	Group
G1M	Group 1 Male
G1F	Group 1 Female
H₀	Null hypothesis
I	Individual
IA	Instrumental Anger
IPGKPP	Institut Pendidikan Guru Kampus Pulau Pinang
JPN	Jabatan Pendidikan Negeri
M	Male

MOE	Ministry of Education
NATs	Negative Automatic Thoughts
PCT	Person-Centered Therapy
PP	Pulau Pinang
PPD	Pejabat Pendidikan Daerah
R	Respondent
RA	Reactive Anger
REBT	Rational Emotive Behavioral Therapy
RG1F	Respondent Group 1 Female
RG1M	Respondent Group 1 Male
RT	Reality Therapy
SD	Standard Deviation
SMK	Sekolah Menengah Kebangsaan
SPSS	Statistical Package for the Social Sciences
TA	Total Anger

**KESAN MODUL PENGURUSAN KEMARAHAN TERAPI KOGNITIF
TINGKAH LAKU (CBT) TERHADAP EKSPRESI KEMARAHAN
DALAM KALANGAN REMAJA**

ABSTRAK

Kemarahan ialah emosi semula jadi yang biasa dialami oleh semua orang pada sesuatu masa. Ia paling kerap dibincangkan namun merupakan emosi yang paling kurang dikaji berbanding dengan kelangsangan dalam kalangan remaja. Emosi marah ini melibatkan kombinasi komponen-komponen kognitif, fisiologi, tingkah laku dan sosial. Kajian ini bertujuan untuk mengkaji kesan Modul Pengurusan Kemarahan Terapi Kognitif Tingkah Laku (CBT) terhadap ekspresi kemarahan dalam kalangan remaja di sekolah. Modul yang digunakan dalam kajian ini mempunyai tahap kebolehpercayaan yang tinggi dengan nilai alpha Cronbach, $\alpha = 0.883$ daripada satu kajian rintis yang dijalankan di Pulau Pinang. Sampel untuk kajian ini melibatkan 43 orang remaja dari empat buah sekolah menengah di Pulau Pinang, berumur di antara 15 hingga 16 tahun dan dikenal pasti memperoleh nilai skor-T yang tinggi, iaitu 60 dan ke atas dalam *Reactive Anger (RA)*, *Instrumental Anger (IA)* atau *Total Anger (TA)* melalui persampelan bertujuan daripada instrumen *Adolescent Anger Rating Scale (AARS)*. Kedua-dua kaedah kuantitatif dan kualitatif telah digunakan untuk mengumpul data. Penurunan nilai skor T bagi *Total Anger (TA)* daripada ujian pra ke ujian pos dan ujian susulan menunjukkan bahawa keempat-empat intervensi iaitu, penstrukturan semula kognitif, *relaxation through slow deep breathing*, kemahiran komunikasi asertif dan rutin penyelesaian masalah dalam Modul Terapi Kognitif Tingkah Laku (CBT) berkesan membantu remaja menguruskan kemarahan mereka.

**EFFECT OF COGNITIVE BEHAVIORAL THERAPY (CBT)
ANGER MANAGEMENT MODULE ON ANGER EXPRESSIONS
AMONG ADOLESCENTS**

ABSTRACT

Anger is a natural human emotion experienced by everyone at one time or another. It is said to be the most talked about but only a few studied emotion in adolescents compared to aggression. Anger involves a combination of cognitive, physiological, behavioral and social components. This research intended to examine the effect of Cognitive Behavioral Therapy (CBT) as an Anger Management Module on anger expressions among adolescents in school settings. The module used in this study has commanded high Cronbach's alpha value of $\alpha = 0.883$ from a pilot study carried out in Penang Island. The samples for this study involved 43 adolescents aged 15 to 16 years old from four secondary schools in Penang Island, who had been identified through purposive sampling with high T-score values of 60 and above in their Reactive Anger (RA), Instrumental Anger (IA) or Total Anger (TA) from the Adolescent Anger Rating Scale (AARS) instrument. Both quantitative and qualitative methods were used to gather data. The reduction in the T-score values of Total Anger (TA) from pretest to posttest and follow-up test had shown that the four interventions such as the cognitive restructuring, relaxation through slow deep breathing, assertive communication skills, and problem solving routine in the Cognitive Behavioral Therapy (CBT) Anger Management Module were effective in helping the adolescents to manage their anger.

CHAPTER 1

INTRODUCTION

1.1 Overview

Anger is one of the common feelings and a highly prevalent emotion with potentially destructive consequences experienced by everyone at one time or another in daily life (Parker, 2007; Mills, 2005). From a very young age, people already learned how to express anger by imitating the angry behavior they see modeled around them, and by expressing their angry behavior to see what they can get away with (Mills, 2005). According to Lawson (2009), anger is a strong feeling of distress in response to a specific provocation. People are uncertain how to control or restraint their aggression and at the same time continue to be assertive in self-expression. Hence, they become angry when others attack their personality, treat them unfairly, keep them from getting what they want or violate cultural norms (Marby & Kiecolt, 2005).

When people become angry, they will behave in different ways which involves a combination of cognitive, physiological, behavioral and social components (O'Neill, 2006). For example, some will lash out recklessly and even become abusive or some might just become extremely defensive. Whereas some people tend to bottle up their negative emotions and hurts or keep their anger to themselves (O'Neill, 2006). Like the adolescents between eleven to eighteen years old, their egos are much more insecure and more fragile than fully fledged adults (Blum, 2001). Their involvement in aggressive displays is often play acting and harmless. Many events they got involved in are just testing out physical and mental

boundaries through the rough and tumble of their interactions with each other. But if they do not know how to manage or display it in an assertive way, it might degenerate into disruptive aggressive situations (Blum, 2001). According to Schiraldi and Kerr (2002), Aristotle, *The Nicomachean Ethics* quotes:

“Anyone can become angry. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way is not so easy.” (Schiraldi & Kerr, 2002, p. ix).

Therefore, teaching them how to manage and to deal with their feelings of anger in a productive manner like being assertive, to stop and think before they act is important. Thus, the main focus of this research is to develop an anger management module which can help the adolescents learn how to express and control their anger in a more appropriate manner.

1.2 Problem Background

Anger plays a significant role because it occurs frequently in many people's lives every day. However, less is known about anger than all other emotions, such as anxiety and depression (Kassinove & Sukhodolsky, 1995) as anger is the forgotten emotion according to DiGiuseppe and Tafrate (2007).

Anger can be ranging from mild irritation to intense irritation from several times a day to several times a week. It all depends on the individual, the circumstance they are in and also their emotions. A person can become enraged or even furious due to anger (O'Neill, 2006). Historically, anger has been used in

public demonstrations to promote policy change. Whereas at the interpersonal level, anger can help clarify needs, wants, and desires (Schmitz, 2005). As from a strictly biological stand point anger is actually a very good thing. Much like pain and fear, it serves as a kind of physiological warning device which alert us that something is wrong and needs to be attended to. Writers and philosophers have speculated about anger since early human history (Allan & Blass, 2006).

According to Freud (2002), the father of modern psychoanalysis, he looked at the human being as those who are motivated by two basic biological drives which are sex, or eros, and aggression. Anger, in psychoanalytic theory, is an observable manifestation of the presumed aggressive drive. Freud's theory of the aggressive drive is deeply pessimistic. He believed that we are all riddled with destructive and murderous impulses that originate in the id, the deepest part of our psyche. Freud was heavily influenced by Darwin's theory of natural selection, a major principle of which is the survival of the fittest. In the animal kingdom, the biggest and most aggressive animals are most likely to win in the battle for nature's limited resources. Humans, too, sometimes need to display aggression to ensure survival (Allan & Blass, 2006).

However, Freud's major ideas mentioned above were challenged. One was Alfred Adler, a fellow psychotherapist and also the first psychological theorist to speak extensively about anger, as opposed to the aggressive drive. He suggested that anger is a natural reaction that occurs whenever one of our primary drives is frustrated (Allan & Blass, 2006). Adler views primary drives as biologically determined which includes hunger and thirst and the needs for clothing, shelter, and

a comfortable body temperature. Therefore, Adler does not view anger as a biological drive because it had cause and effect. It was not something that happened automatically and involuntarily. He noted that some individuals use anger to compensate for a feeling of inferiority through a seeming show of strength (Allan & Blass, 2006).

In addition, Montagu (1976) in his book entitled "The Nature of Human Aggression" took a more kind view of human nature compared to Freud. Montagu rejected the idea that man is inherently "a Killer" and argued instead that the expression of aggression comes primarily from social learning. Montagu agrees that the interpersonal environment plays the key role in shaping one's personalities and their styles of anger expression. He sees family and culture as the strongest determinants even while at birth, humans may all have the potential to turn violent (Allan & Blass, 2006). Angry parents can be a model of violence for their children (Bhave & Saini, 2009; Smith, 2004). Earlier research has also proven that parents' anger would result negative effects on their relations with their children (Sedlar & Hansen, 2001).

On the other hand, according to Yazgan-Inanc, Bilgin, and Atici (2007), social setting is adolescent's anger stimulus. Their anger may also be triggered by other people's personalities and behaviors. Besides social setting, Hawkins, Laub, Lauristen and Cothorn (2002) had highlighted several etiological factors that have been related to the development of anger and violence among adolescents such as poor academic performance in school, peer rejection, negative peer socialization, dysfunctional home environments, family genetics, and neurobiological deficiencies.

All these new challenges often appear to affect the adolescent's emotions such as frustration and anger (Burney, 2001). Besides, they perceived threat or a belief that a personal injustice has occurred (O'Neill, 2006). Such a problem is antisocial behavior that led to incidents of violence in schools (Fortin, 2005).

According to Campano and Munakata (2004), anger which results in aggression contribute to juvenile delinquency in school is increasing alarmingly. Similarly, research findings by Sigfusdottir, Farkas, and Silver (2004) also mentioned that anger is positively associated with delinquent behavior. In Malaysia, adolescent involvement in crimes is a serious concern. Many crimes that happened among the adolescents in schools were also due to uncontrolled anger (Norisham, 2010). Many incidences regarding school violence involved the adolescents often displayed by the mass media. Table 1.1 shows some of the reported juvenile delinquency in chronological order in various local newspapers from 2010 to 2014.

Table 1.1

Juvenile Delinquency in Chronological Order As Reported in Newspapers from 2010 to 2014

Date of Crimes	Sources	Juvenile Delinquent Cases
2010, August 7	New Straits Times, p. 10.	A Form Five student from SMK Pekula Jaya in Tikam Batu, Kedah, was bashed up with crash helmets after a quarrel with schoolmates. He was left with a black eye and bruises on his body after he was attacked by a group of eight following a misunderstanding with a schoolmate.
2010, August 12	The Star, p.N22.	A 13 years old boy found dead with throat slit. Police have detained a 16 years old suspect who was a close friend to the boy to facilitate investigations.
2011, March 7	The Star, p. N14.	A Form Three student sustained twisted shoulder, a fractured arm and cuts on his left cheek after assaulted by three schoolmates who were upset that he had reported them to a teacher about their misconduct.

Table 1.1 Continued

Date of Crimes	Sources	Juvenile Delinquent Cases
2011, April 8	Embun Majid, The Star, p. N21.	A 37 years old teacher at SMK Datuk Jaafar Hassan, Padang Besar suffered a broken nose after a Form Two student reportedly punched her. It is learnt that the boy punched the teacher when she wanted to escort him to the disciplinary room to question him about a fight she saw outside the classroom.
2011, May 18	Entaban, The Star, p. T2.	A 15 years old boy fears going to school every day because he was bullied and taunted by a group of boys who have made his daily school days "hell for the past few months. The boys thrown his books in the trash bin, called him names, pushed, slapped and kicked him.
2011, May 23	The Star, p. N29.	A 15 years old girl was brought to hospital for a fractured cheek bone after she was repeatedly punched and slapped by two girls at a welfare home in Jitra after she complained about having to wash the dishes.
2012, March 26	The Star, p. N22.	A 15 years old student was feared to go to school after assaulted by schoolmates. The teenager was earlier been confronted and provoke into a fight by one of his schoolmates which he chose to back off. The incident had caused him sustained injuries to his knees and pain on his body.
2012, October 25	Murali, The Star, p. N3.	A Form Two student, from SMK Pulau Sebang was killed in an attack by a group of five delinquent schoolboys from another secondary school. The attack was believed to have started off with a series of arguments between the victim and the group which often mocked the victim's walking style.
2013, September 25	Simon Khoo, The Star, p. N3.	A 18 years old National Service trainee was hammered repeatedly to death by several fellow trainees for jumping the queue during breakfast causing him to suffer internal head injuries at the Pinggiran Pelangi camp in Muadzam Shah, Rompin.
2014, January 4	The Star, p. N10.	A 17 years old student from SM Kuala Perlis were arrested for allegedly injuring a teacher with a hand-held curved knife after got scolding by the teacher for his coloured and punk-styled hair which was against the school's discipline guidelines.
2014, May 1	Nadirah and Kang, The Star, p. N6.	A 15 years old school boy from SM Rawang was killed after involved in a fist fight with another student at the school volleyball court over missing jigsaw puzzle pieces.

Table 1.1 Continued

Date of Crimes	Sources	Juvenile Delinquent Cases
2014, May 23	Sarban Singh, The Star, p. N6.	A Form 2 student of a school in Rembau had his left ear sliced off by a schoolmate after they got into an argument.

Note: From Juvenile delinquency in chronological order between the years 2010 to 2014 reported in various local newspapers.

According to Norisham (2010), all the crimes happened because of extreme anger in the adolescents which lead to irrational thoughts. As a result, the adolescents expressed their anger either internally or externally. Outward expression of anger is done by imposing on something else either in behavior or in verbal. Whereas inward expression is where the teenagers act in keeping their anger alone or hold on to grudges and hatred that could eventually lead to self-destructive acts and others (Norisham, 2010; Burney, 2001)

Malaysia Crime Prevention Foundation (MCPF) vice-chairman Tan Sri Lee Lam Thye said a total of 68,580 students or 1.27% of a total of 5.4 million student populations in the country were found to be involved in crime and disciplinary problems between January and June in 2010 (Lai, 2010). The statistics is causing authorities to be concerned over the rising trend. He said although students involved in crimes stood at 0.22% currently, the figure was worrying as cases being reported were increasing. The crimes reported include the vandalizing of school properties, fighting, bullying, playing truant, causing harm to other students et cetera (Lai, 2010). On the other hand, statistics derived from Penang District Education Department and Penang State Education Department also showed the increase in

number of juvenile delinquency cases from the year 2011 to 2012 which are found in Table 1.2 and Table 1.3.

Table 1.2

The Statistics of Juvenile Delinquency Derived from Penang District Education Department from Year 2011 to 2012

Area of Discipline Issues	Education District Office									
	Northern Seberang Perai		Central Seberang Perai		Southern Seberang Perai		North-East District		South-West District	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Crimes	6 (4.88%)	150 (5.46%)	7 (3.66%)	193 (8.74%)	-	63 (6.63%)	2 (1.74%)	160 (3.26%)	16 (6.69%)	25 (4.34%)
Bully	-	53 (1.93%)	4 (2.09%)	47 (2.13%)	4 (7.27%)	22 (2.32%)	2 (1.74%)	34 (0.69%)	4 (1.67%)	6 (1.04%)
Truant	50 (40.65%)	1514 (55.13%)	81 (42.41%)	717 (32.47%)	14 (25.45%)	230 (24.21%)	47 (40.87%)	952 (19.39%)	41 (17.15%)	312 (54.17%)
Vandalism	-	43 (1.57%)	-	53 (2.40%)	-	13 (1.37%)	2 (1.74%)	31 (0.63%)	1 (0.42%)	3 (0.52%)
Being Naughty	1 (0.81%)	189 (6.88%)	4 (2.09%)	147 (6.66%)	-	59 (6.62%)	9 (7.83%)	69 (1.41%)	42 (17.57%)	11 (1.91%)
Misbehavior/ Being Rude	13 (10.57%)	107 (3.90%)	9 (4.71%)	224 (10.14%)	-	122 (12.84%)	13 (11.30%)	354 (7.21%)	6 (2.51%)	30 (5.21%)

Note: From “Statistics and Percentage Report on Students’ Discipline According to Number of Students and Cases From Year 2011 to 2012,” by Penang District Education, Malaysia Ministry of Education Department

Table 1.3

The Total Per Category of Juvenile Delinquency As Derived from Penang State Education Department from Year 2011 to 2012

Area of Discipline Issues	State Education Department		Differences in Percentage (%)
	2011	2012	
Crimes (Stealing, Threatening/Fighting/Harm others, Gangsterism)	31 (4.29%)	591 (5.19%)	+0.90
Bully (Verbal, Physical, Relationship)	14 (1.94%)	162 (1.42%)	-0.52
Truant	233 (32.23%)	3725 (32.70%)	+0.47
Vandalism	3 (0.41%)	143 (1.26%)	+0.85
Being Naughty	56 (7.75%)	475 (4.17%)	-3.58
Misbehavior/Being Rude	41 (5.67%)	837 (7.35%)	+1.68

Note: From “Statistics and Percentage Report on Students’ Discipline According to Number of Students and Cases From Year 2011 to 2012,” by Penang State Education, Malaysia Ministry of Education Department

Table 1.2 depicts the six indiscipline categories such as crimes, bully, truancy, vandalism, being naughty and misbehavior or being rude committed over five different districts, from Penang Island which consists of North-East District and South-West District and in Penang Mainland which consists of Northern Seberang Perai, Central Seberang Perai and Southern Seberang Perai in 2011 and 2012. Overall, there has been a marked increase in terms of number of cases in all the six categories in 2012 compared to 2011 as shown in Table 1.2 and Table 1.3 respectively. In 2011, there were quite a number of indiscipline categories with unrecorded cases showed in Table 1.2. However, no reason was stated. In 2012, the Central Seberang Perai district showed the highest crime cases and vandalism cases among the five different districts with 193 cases (8.74%) and 53 (2.40%)

respectively. For cases like bullying, playing truant and being naughty, Northern Seberang Perai has the highest with 53 cases (1.93%), 1514 cases (55.13%) and 189 cases (6.88%) respectively in 2012. As for misbehavior or being rude, North-East District commands the highest cases with 354 (7.21%).

Overall, the highest numbers of indiscipline cases recorded in Table 1.2 especially in the year 2012 are from Mainland Penang. The reason is there are more schools in Mainland, 68 schools as compared to only 44 schools from Penang Island. The number of indiscipline cases in all the six categories in Mainland Penang was mostly recorded from Northern Seberang Perai, and Central Seberang Perai presented in Table 1.2. Whereas the North-East District in Penang Island has shown higher numbers of indiscipline cases in almost all the categories compared to the South-West District in 2012. Comparatively, Table 1.3 presented the overall indiscipline cases per category for Penang state. In the year 2012, there has been a marked increase in percentage for all the four indiscipline categories such as crimes, truancy, vandalism, and misbehavior or being rude compared to the year 2011. Whereas indiscipline cases like bullying and being naughty, had marked some dropped in percentage 0.52 and 3.58 each even though both the cases had seemed increase in numbers.

Among the four indiscipline cases mentioned, misbehavior or being rude has marked the highest increase of 1.68%, followed by crimes which marked an increase of 0.9%, vandalism marked an increase of 0.85% and truancy marked an increase of 0.47% from year 2011 to 2012. Therefore, the increase of juvenile delinquencies cases in Penang schools demanded attention from the school authorities and the

Ministry of Education (MOE) in order to implement the right intervention programme to help to overcome these indiscipline issues which often appear to affect the students' emotions such as frustration and anger (Burney, 2001).

Furthermore, according to DiGiuseppe and Tafrate (2007), researchers attributed the insufficiency of anger research to the lack of operational definitions. There is no primary anger disorder category included in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR) according to American Psychological Association (APA, 2000). The lack of a unified diagnostic category makes the systematic study of clinical anger difficult (DiGiuseppe & Tafrate, 2007).

Besides, people often confuse anger with aggression (Reilly & Shopshire, 2002). The term anger, aggression as well as hostility and violence are commonly used, yet there does not seem to be an absolute definition of any of them (O'Neill, 2006). However, some researchers consider that hostility, anger and aggression can represent the basic multidimensional construct which consists of cognitive, affective and behavioral components. The first dimension is affective which is made up of emotions such as anger. The second dimension is cognitive, consisting mainly of negative thoughts about human nature, resentment and cynical distrust, and the third dimension is behavior, which is defined by various forms of aggression such as physical or verbal aggression (Reilly & Shopshire, 2002). All these factors seem to be related to each other, varying in intensity, frequency, and duration (O'Neill, 2006; Kendall, 2000).

The confusion in understanding anger is also due to the role of anger which has received less empirical attention as an independent research variable when compared to aggression (Stiffler, 2008). Over the past 50 years, researchers had been focusing their studies on adolescents with aggressive behavior (Pepler & Slaby, 1994). Earlier, Tice and Baumeister (1993) also showed that people have fewer successful strategies for controlling anger than for any other emotional state such as fear, anxiety, sadness and other strong feelings. Besides that, Burney (2001) also indicates most studies conducted on children concentrated on aggression rather than anger. Only few studies focus on anger expression despite the fact that most often anger occurs without aggression (Rieffe & Meerum Terwogt, 2006). In DiGiuseppe and Tafrate (2007), a total of 1,267 articles were identified to cover the topic of diagnosis and depression, 410 in the area of anxiety, and only seven articles related to anger from the year 1972 to 2005. Only in the last decade many researchers have paid attention to anger and violence (Kitamura & Hasui, 2006; Slep & O'Leary, 2007) and anger management programs for different age groups (Fung & Tsang, 2007; Humphrey & Brooks, 2006; Sukhodolsky, Golub, Stone & Orban, 2005).

Anger needs to be attended as it has the potential to arouse aggressive action when it is not able to be handled because anger is a common precursor of aggressive behavior according to O'Neill (2006). People who are surrounded with anger have difficulties in personal relationships, in work performances, and in maintaining optimal physical health (Novaco & Jarvis, 2002). According to Engel (2004), teenager might venture into anger and aggression thus they can wreak havoc in his life and the lives of those around them. The anger feeling will cause problems when the anger is expressed with the utmost hatred, violence or any other

bad way due to irrational thinking (Norisham, 2010). This was depicted in Table 1.3 where the percentage of juvenile delinquency has shown an increased number of cases per category. Therefore, it is important to teach the angry teenager in handling their anger through anger management programmes.

In conclusion, teenagers in schools nowadays have been facing a lot of challenges in life which lead to self-conflict and identity crisis, peer stress or peer expectation, struggling in certain subjects at school, mounting of homework stress, living in a problematic family, et cetera. All these challenges could be destructive and constant source of aggravation for them when it is out of control (Engel, 2004). Unless a teenager finds healthy ways of owning and expressing his or her anger, otherwise they will find some outlet that might be inappropriate, unhealthy, or counterproductive which will cause problems to themselves or to others.

1.3 Problem Statement

Anger has been identified as a major problem in human relations (Fiore & Novick, 2005). It is a profoundly uncomfortable emotion leading to aggressive behavior and violence which makes it dangerous for many people (Luutonen, 2007) as anger requires expression (Hall, 2009). Uncontrolled anger may lead to an outbreak of violent behavior among adolescent populations (Burney, 2006) and difficulties in social adjustment like destroying relationships, health, careers, the joy of living or other additional antisocial behaviors (Feindler & Engel, 2011; Mills, 2005; Schiraldi & Kerr, 2002). Research by Herrmann and McWhirter (2003) also mentioned that statistical figures found in a community newspaper frequently reported that violence has infiltrated children's lives in the public or private schools

they attend. Anger experienced during the school-aged years may contribute to individuals at a higher risk for difficulties later in life if it is not managed well (Swaffer & Hollin, 2001). The underlying reasons for all these offenses need not be taken lightly by school authorities, parents and also professional bodies such as counselors, psychologists and even psychiatrists.

Despite clear evidence that a heightened propensity to experience anger is associated with a number of adverse factors (DiGiuseppe & Froh, 2002; Tafrate, Kassino, & Dundin, 2002), anger still has not received the research attention it deserves (Howells, 1998; Kassino & Sukhodolsky, 1995). According to Yasak and Esiyok (2009), most of the researches on anger-related problems in Turkey are conducted in the last decade and they are very limited. Anger which has been understudied by researcher may be due to; firstly, there are no official diagnostic categories for maladaptive anger (Martin, 2004) as a clinical problem. Besides, it does not have a formal classification in the current edition of the Diagnostic and Statistical Manual of Mental Disorders IV Text Revision (DSM-IV-TR; American Psychological Association, 2000). Excessive anger is included among the criteria for certain disorders for example antisocial personality disorder, conduct disorder, post-traumatic stress disorder (PTSD), intermittent explosive disorder, antisocial, and other personality disorders (Martin, 2004; Siddle, Jones & Awenat, 2003; Eckhardt & Deffenbacher, 1995). As a result, mental health professionals have been slow to recognize anger as being worthy of attention (Martin, 2004).

Secondly, there has been confusion and unclear understanding over the terminology with regard to anger. Anger has been described as a much more

difficult emotion to observe as compared to depression and anxiety (Kassinove & Sukhodolsky, 1995; Martin, 2004). It is often seen as a purely internal emotional state and the behavior associated with such as aggressive behavior varies greatly from person to person (Martin, 2004). It may lead to severe consequences which may cause a person to be dysfunctional (O'Neill, 2006).

Thirdly, many researchers, clinicians, and political leaders focus on the problem of violent behavior instead of study on anger which precedes such behavior (DiGiuseppe & Tafrate, 2007). Youth violence in United States has been a serious problem related to anger which was agreed among the mental health professionals (DiGiuseppe & Tafrate, 2007). Studies showed school children in United States remain heavily involved in fighting, weapon carrying, and bullying which can include both psychological and physical abuse (Thomas & Smith, 2004). In Malaysia, a lot of crimes which happened in schools were also resulted from uncontrolled anger (Norisham, 2010). Schools have become a place of anger and violence for more and more students (Norisham, 2010; Blum, 2001). The chance of stopping the violent trend is extremely small unless correction has taken place in a child's earliest years (Fiore & Novick, 2005).

As for anger experienced among gender, there is no difference in anger experienced in girls and boys (Murphy & Eisenberg, 2002) because most of the researchers only measure anger expression which is the behavioral manifestation of anger arousal than measure the pure emotion (Eckhardt, Norlander, & Deffenbacher, 2004). Similarly, in rates of violence, Archer's (2004) research findings also found no differences in the experience of anger between men and women. However,

Sigfusdottir, Farkas, and Silver (2004) result's finding did show that girls demonstrate higher levels of depressed mood and anger than boys. But, they have less delinquent behavior than boys reported. Lower levels of delinquent behavior among girls may result from counteractive effects of higher levels of depressed mood that hinder the girls in reacting to their feelings of anger by bursting out in behavior (Sigfusdottir, Farkas, & Silver, 2004). This may explain why girls are less likely to become delinquent than boys.

In order to deal with anger in adolescents, many schools in the Western countries such as United States had adopted anger intervention programs (Colletti, 2000) but not many of these programs are adopted in Malaysia. Based on the "*Laporan Aktiviti Majlis Guru Kaunseling Kebangsaan Pulau Pinang Sesi 2011/2013*" (refer to Appendix A) and "*Laporan Aktiviti Tahunan Daerah Timur Laut, Daerah Barat Daya, Daerah Seberang Perai Utara, Daerah Seberang Perai Tengah dan Daerah Seberang Perai Selatan Sesi 2011/2012*" (refer to Appendix B), there is no anger management program implemented to the school counselors or to the students. However, there is only one workshop on "*Bengkel Inventori Emosi Marah Remaja (IEMR)*" conducted by Universiti Sains Malaysia (USM) for the school counselors of South-West District, Penang which was held on 10 September 2012 in USM. The school counselors were taught how to use and to analyze the inventory developed by Nor Shafrin Ahmad, Abdul Ghani Kanesan Abdullah, Nor Hashimah Hashim, Rahimi Che Aman, Hairul Nizam Ismail, Abdul Rashid Mohamad, and Nik Rosila Nik Yaacob (2011). School counselors in Malaysia do not have any specific training or are taught any intervention specifically to handle students who has anger management problem even though they have been handling

students who come with different forms or ways to express their anger in school either towards their friends, teachers or have vandalized school properties.

Therefore, the aim of adapting a Cognitive Behavioral Therapy (CBT) Anger Management Module which consisted of various interventions is to help individuals with anger problem to identify their anger; provide training of skills and efficient methods to control their anger. The most widely supported anger treatments included relaxation training, cognitive restructuring as proposed by Beck (1995), which involved the exposure-learning of new responses to anger trigger, and rehearsal of new positive behaviors to resolve conflict proposed by Ellis (DiGiuseppe & Tafrate, 2007). However, supporter of other theoretical orientations has refrained from empirical confirmation of their effectiveness with anger. Besides, there is no psychodynamic, family system, gestalt, nor client-centered research studies on anger. The absence of so many theoretical orientations from the outcome of research literature has resulted in a limited view of anger (DiGiuseppe & Tafrate, 2007). Hence, in order to facilitate the development and implementation of anger management program to prevent and to decrease violent behavior in schools, the investigation on adolescent anger expression is required (Burney, 2001).

In the last two decades, Cognitive Behavioral Therapy (CBT) has proven to be effective with a wide variety of angry clients, including aggressive children and juvenile delinquents (Beck, 1999). Research study by Reilly and Shopshire (2002); Curwen, Palmer, and Ruddell (2000) had suggested that CBT can be an effective time limited treatment especially when it comes to deal with behavioral problems including anger. Furthermore, CBT helps and teaches individual or group the

appropriate ways to control their negative emotions and events that cause such angry emotions. According to Curwen, Palmer, and Ruddell (2000), CBT progressively encourages the client to recognize and accept their emotions, to detect first their automatic thoughts and then the related underlying beliefs. Once this process is started the client is encouraged to look for evidence in support of unreasonable and unhelpful beliefs to transform into more adaptive and helpful beliefs. The CBT treatment model approach combines interventions focusing on relaxing, cognitive restructuring, communication skills and problem solving routine (O'Neill, 2006; Reilly & Shopshire, 2002). At the end of the treatment session, a follow-up session will be carried out, for example a month after the treatment. The follow-up session have shown to be a productive way of retaining some support and to complete monitoring the progress as effective assessment where evaluation of treatment can be carried out only if adequate information is collected throughout the treatment (O'Neill, 2006).

In conclusion, although the prevalence of such programs is increasing, there are minimal research in the adolescent population and little empirical evaluation of the effectiveness of such interventions (Cole, 2008). Furthermore, the overall efficacy of CBT treatment had also not been ascertained in Malaysia schools. In this study, the researcher adapted a Cognitive Behavioral Therapy (CBT) Module for Anger Management to target these deficits and to provide guidelines for the counselors in schools to help the adolescents with anger problems. Therefore, this research is much needed to examine the effect of CBT Module for Anger Management.

1.4 Objectives of This Research

Based on the problem statement mentioned above, the objectives of this research are to:

- (i) investigate the different types of anger expressions among adolescents in secondary schools.
- (ii) adapt a Cognitive Behavioral Therapy (CBT) Anger Management Module.
- (iii) investigate the effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on anger expression amongst adolescents in secondary schools.
- (iv) investigate the effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on follow-up of anger expressions among adolescents in secondary schools.
- (v) investigate whether there is a significant difference before intervention, after intervention, and in follow-up on anger expressions between male and female adolescents in secondary schools.
- (vi) obtain feedback on the effect of Cognitive Behavioral Therapy (CBT) Anger Management Module from
 - a. respondents' perspective
 - b. counselors' perspective
 - c. discipline teachers' perspective

1.5 Research Questions:

- (i) What are the different types of anger expressions among adolescents in secondary schools?

- (ii) Is there a significant effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on anger expressions among adolescents in secondary schools?
- (iii) Is there a significant effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on follow-up of anger expressions among adolescents in secondary schools?
- (iv) Is there a significant difference in anger expressions:
 - a. before the intervention between male and female adolescents in secondary school?
 - b. after the intervention between male and female adolescents in secondary school?
 - c. in follow-up between male and female adolescents in secondary school?
- (v) What are the feedback on the effect of Cognitive Behavioral Therapy (CBT) Anger Management Module from
 - a. respondents' perspective
 - b. counselors' perspective
 - c. discipline teachers' perspective

1.6 Research Hypotheses

The following null hypotheses are formulated corresponding to Research Questions (ii), (iii), and (iv) respectively:

H₀₁: There is no significant effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on anger expressions among adolescents in secondary schools.

H₀2: There is no significant effect of Cognitive Behavioral Therapy (CBT) Anger Management Module on the follow-up of anger expressions among adolescents in secondary schools.

H₀3a: There is no significant difference in anger expressions before the intervention between male and female adolescents in secondary schools.

H₀3b: There is no significant difference in anger expressions after the intervention between male and female adolescents in secondary schools.

H₀3c: There is no significant difference in follow-up of anger expressions between male and female adolescents in secondary schools.

1.7 Definitions of Key Terms

1.7.1 Anger

Anger has been defined as an "experiential state consisting of emotional, cognitive and physiological components that co-occur, rapidly interacting with and influencing each other in such a way that they tend to be experienced as a single phenomenon" (Stiffler, 2008, p.13). According to Reilly and Shopshire (2002) and Pickup (2008), anger is a completely natural emotion that is experienced by everyone. It does not necessarily lead to aggression like causing harm to others through verbal abuse, threats, violent acts or destroying property. Anger can range from mild irritation to intense fury and rage depending on situations where a person felt threatened (Reilly & Shopshire, 2002). In addition, everyone is programmed with the ability to express their anger from birth and then it gets complicated in response to feelings and emotions of unhappiness or not having needs met (Pickup, 2008). Averill (1983) defines anger as both the drive or motive behind aggressive behavior and the subjective experience that accompanies aggressive impulses.

Averill's definition perpetuates the role that cognitive processes, particularly one's appraisal and attribution, play in determining whether anger will result in some form of verbal or physical aggression.

In this research, anger is a common emotion expressed by an individual when they encounter an anger-provoking situation which caused them to lose control over their emotions, thoughts and behavior. The intensity of anger may vary from one person to another and it can be expressed in different dimensions such as Reactive Anger (RA), Instrumental Anger (IA) and Anger Control (AC). The frequencies of these anger dimensions are represented by Adolescents Anger Rating Scales (AARS) subscale scores.

1.7.1 (a) Reactive Anger (RA)

Reactive anger is defined as “an immediate angry response to a perceived negative, threatening, or fearful event” (Burney, 2001, p.8). Adolescents who demonstrate excessive reactive anger are deficient when processing environmental cues cognitively, have negative attributions that lead to impulsive and hyperactive response styles, and have demonstrated few positive solutions to solve problems when angry. Due to their reactive response styles, these adolescents often resemble those who have been diagnosed with an Attention Deficit Hyperactivity Disorder, ADHD (APA, 2001). Such an expression is accompanied by aggressive acts (Parrot & Zeichner, 2003).

In this research, RA is referring to an immediate expression of anger an adolescent towards other people or objects in the environment or towards some

provoking event that is perceived as negative, threatening, or fear provoking. External expression of anger is done by way of action on something else, either in behavior, speech or accompanied by aggressive acts.

1.7.1 (b) Instrumental Anger (IA)

Instrumental Anger (IA) is defined as “a negative emotion that occurs in order to achieve a planned goal of revenge” (Burney, 2001, p.7). It is internally motivated by some memory of a provocation that occurred in the past (Burney, 2006). Instrumental Anger (IA) are likely seen in adolescents with a history of delinquency and antisocial behavior, and adolescents who have an intensive history of peer rejection and have been psychologically and/or physically bullied. Through acts of direct violence, adolescents who experienced excessive levels of instrumental anger learn that they can obtain revenge, achieve social status, and obtain material goods within their peer groups and in other social settings (Burney, 2001). Adolescents with this type of anger plan their attacks against an offender are more vicious and harmful compared to those who express reactive anger (Burney, 2006). Example, adolescents involved in school shootings match the profile of instrumental anger. Revengeful acts of instrumental anger are maliciously planned and carried out at a time known only to the adolescent(s) who will carry out the revenge attack. While both males and females are capable of this form of anger expression, instrumental anger is observed mostly among the male adolescents.

In this research, IA is an internal expression, where an adolescent tends to suppress, keep or hide their angry feelings or resentment or grudge and hatred